APPENDIX A

Kent & Medway Partnership Trust Clinical Care Pathways (CCP) Programme
Update June 2019

1.0 Background

We are reviewing and improving our service offer, focussing on keeping people well in the community, optimising opportunity for recovery and ensuring easier access to urgent care services with a range of service options to enable people to effectively manage crisis. The CCP programme is working in line with quadruple healthcare aims of:

- Improving the outcome and experience for patients
- Improving staff experience, skill and capability
- Improving population health outcomes
- Reducing the cost per capita of mental health care

We are co-producing improved, standardised care pathways to create a clear, evidence-based and clinically led, equitable offer for patients across Kent and Medway. Ensuring that patients are at the heart of our service design, the pathways will provide a person-centred service and meet locality population needs at point of delivery.

Care Pathways offer a way to drive the implementation of evidence based practice to best support good recovery outcomes for people using services. This would include supporting improvements in physical health and social inclusion which are known to benefit mental health outcomes

2.0 Programme Aim

To provide the right care, in the right place, at the right time. To improve people's experience and the quality of their care through clearly described primary, community, urgent and specialist care pathways which will improve patient and staff satisfaction, efficiency, productivity and lead to the delivery of outstanding service provision.

3. 0 Why standardise pathways?

- **Evidence Based Practice** - By utilising quality improvement techniques and NICE guidance we will define pathways and reduce local variation (National Carter work remove unwarranted variation).
- **Equitable access** – a consistent, clear pathway across the whole of Kent and Medway will improve patient outcomes and staff experience.
- **Efficiency** - Pathways guide care through the most efficient routes taking account of individual need but maximising the effective use of staff time and skills by understanding *who* should be doing *what* at which points in the recovery journey.
- **Cost Effectiveness** - By identifying who should be doing what at which points we can avoid the ineffective use of staff time and skills and ensure we are maximising the use of our resources effectively and efficiently. Where an intervention is best delivered by a particular grade or profession this can be planned for in terms of skill mix, recruitment and training, something it is difficult to do effectively at present.
- **Accountability** - Once a care pathway is defined and allocated we can define clear quality and performance standards. This means that action to correct these issues can be targeted to improve the care we deliver and the experience of the people receiving that care. Good practice can be identified, celebrated and spread. It is imperative the Trust has robust data to underpin its decisions and to measure its effectiveness.
- **Cross Agency Working** - Pathways help to identify what work is most effectively done by which agencies leading to clearer collaboration and boundaries and more effective joint working or transfer of care. Clarity about the type of care required in any particular case and the way it should

be delivered across the organisation will be of benefit to the individuals using our services, those commissioning them and those delivering them with the overall expectation being the more effective, timely delivery of evidence based care to support recovery outcomes.

4.0 Progress update:
To date we have prioritised two main workstreams on community recovery and urgent care. We are in the process of adding two further workstreams relating to our interaction with primary care and for our forensic and specialist services.

4.1 Community Recovery Pathway:
Our priority focus has been on improving our community mental health teams – Patients tell us that they would prefer proactive and preventive care and to gain skills and resilience to take control of their own recovery and minimise the need for inpatient admission. The work on this pathway is advancing well, with several successful tests for change having been carried out in specific localities. The first part of the new pathway 'Initial Interventions' is in progress of being rolled out across all Community Mental Health Teams (CMHTs).

- **Initial Interventions** – this will be the first stage in the pathway for the majority of patients. This has been successfully piloted within our South Kent Coast CMHT. The aim of this intervention is to empower patient by supporting them to develop and use effective self-management techniques for self-care. This intervention is provided on a 1-2-1 basis by Supported Time Recovery workers supervised by psychology staff so is an efficient approach to providing a clinically effective intervention for greater numbers of patients. This approach will (over time) enable community teams to reduce both waiting times and caseloads. Feedback from both patients and staff involved in the pilot extremely positive and clinical outcome measures have indicated positive improvements in those taking part in the pilot. This is now being rolled out across all CMHTs.

- **Enduring Conditions -** We know that a proportion of patients will need further support over a longer period.
    - The **CBT for Psychosis** intervention aims to equip patients who experience psychosis with the knowledge and skills to understand the signs and symptoms of their illness and use cognitive techniques to manage symptoms effectively. This intervention is delivered in a group setting by a qualified psychotherapist. The intervention has been piloted in **Tunbridge Wells** and is now being tested in **Maidstone.**
    - A **Health and Well Being Programme** has been developed to support service users and patients to monitor and maintain their physical health and well-being. This programme will build on the physical health checks undertaken and enable patients to access information, advice and signposting to relevant health and support services.

- **Pathway for people with Personality Disorders**: our approach to this pathway has been to develop group therapy and individual therapy services focussing on managing crisis episodes, and building resilience and skills to prevent further crisis. We plan to train all community based staff in Knowledge and Understanding Framework (KUF) for personality disorders which will improve quality of service for patients.
    - **Personality Disorder Change Programme** - this is being successfully piloted in **Medway**. The key aim of this intervention is to empower patients to better understand and self-manage their condition and how it impacts both on them and their relationships and interactions with others. This intervention is provided on a 1-2-1 basis by Community Psychiatric Nurses supervised by psychology staff so is an efficient approach to providing a clinically effective intervention for greater numbers of patients.

- **Personality Disorder Crisis Group** - this intervention is currently being offered to patients from the North and South East areas of Kent who are experiencing a crisis related to their Personality Disorder. The aim of the this intervention is to provide a timely intervention and reduce the time people need to stay either in hospital or under the care of the Crisis Resolution and Home Treatment Teams. The groups are facilitated by qualified and experienced practitioners which ensures the complex needs of this group of patients is effectively managed. Patients involved in the pilot have made excellent progress and have also provided very positive feedback on their experiences of being involved in these groups.
- **Personality Disorder Skills and Support Group** - this intervention will follow on from the Crisis group and is designed to ensure that patients with Personality Disorders are able to continue to develop their self-management skills. This intervention is currently currently established in **Medway** this includes **Swale, Maidstone** and it is well on its way to being established in **Dartford**. We plan to commence delivery of this group in **East Kent** in September.

- **Cluster 18 Memory Assessment** – this new approach to preparing and undertaking assessments for people with memory problems aims to reduce the time it takes to diagnose whether a patient has dementia. The revised assessment process is designed to reduce the burden on staff and patients in preparing for the assessment, reduce the number of assessment appointments for the patient and enables the psychiatrist to complete the diagnostic process more efficiently and effectively. This approach is being piloted in **East Kent** and **Dartford, Gravesham and Swanley,** and will link to the STP programme on dementia diagnosis.

4.2 Urgent Care Pathway:
Our second priority focus has been to improve the access and triage pathway into KMPT urgent clinical services and improve the range of services, again to try and help patients avoid the need for inpatient care where possible. This has been led by the STP mental health workstream, and KMPT are engaged in a number of workstreams designed to provide improved access to mental health crisis support and develop the wider urgent care pathway.

- **Clinical Assessment Service (CAS) aligned to 111 -** KMPT is working with commissioners and lead providers for 111 in Kent and Medway with the aspiration for a single 111 response for mental health queries to ensure parity of esteem. The outline proposal includes a review of the current KMPT Single Point of Access with an aim to include this service into the CAS delivery. This will provide a single number everyone is familiar with to people who are in mental distress or need to access mental health services due to a mental illness. The current Single Point of Access (SPOA) offers a referral route for urgent referrals and receives about 50% of all Trust referrals. The remaining 50% of referrals come via a number of routes; direct to the CMHTs, to specialist services, liaison services and therapies services. The imperative for KMPT is clarity for people referring and ensuring the best option is in place to assure people receive the care they need as quickly as possible. Aligning SPOA with the CAS will ensure a clear route to a number of mental health services including those in KMPT.
- **Liaison Psychiatry** - In 2019 the Trust has bid for additional national monies for improving Liaison Psychiatry services to ensure all but one hospital has access to 24/7 provision. The trust has also bid for increased monies for expanding the crisis home treatment team
- **Support and Signposting Service** - An exciting innovation this year has been the development of the Support and Signposting Service; this outpatient provision provides a 24 hour option for people who have experienced a crisis or are in mental distress and historically may have been considered for a short hospital admission as there was no alternative. This small team, mostly support time and recovery workers, offer a short stay to support de-escalation of the emotional crisis and

provides practical advice, input and support. The team receive referrals from liaison, Place of Safety and Crisis Teams and in many cases have worked with people not known to KMPT preventing people from coming into the system by supporting them with positive solutions in their own communities. If successful this 6 month pilot will be considered for roll out across Kent and Medway to key sites.